

Compliance Evaluation and Review Tool (CERT) Survey Summary

Introduction

The Compliance Evaluation and Review Tool (CERT) was designed to capture provider compliance in the four focus areas listed below. These focus areas capture the intent of IAC 460, article 6 and the Developmental Disabilities waiver application.

- I. The provider meets qualifications for waiver services being delivered;
- II. The provider has policies and procedures to ensure the rights of individuals, to direct appropriate services, and to support and manage employees;
- III. The provider maintains employee information confirming key health, welfare and training issues; and
- IV. Quality assurance and quality improvement.

On behalf of the Bureau of Quality Improvement Services (BQIS), Liberty of Indiana surveyors evaluate compliance within these focus areas by reviewing provider documentation guided by the 173 probes. A copy of the CERT Guide, including a list of Indicators and Probes, can be found through the following link: http://www.in.gov/fssa/files/BQIS_CERT_-_guide.pdf.

What follows is a summary of results and recommendations from reviews that were conducted from 11/03/2010 through 02/11/2011. It is hoped that providers will utilize this information to assure alignment of their practices, procedures and files with the outlined regulations/assurances. Providers taking this approach will reduce organizational risk and facilitate a positive review process for those involved.

Results

Since initiation of this process, 45 CERT reviews have been conducted with results from 40 being available for analysis. Negative findings (i.e., probes that were indicated to not be met) ranged by provider from zero (0) to 71 with an average of 21 negative findings per review. Sixteen of these reviews have been closed with the remaining considered in process while corrective action and further review is taken.

The area with the greatest number of deficiencies was associated with **employee files**: (III) The provider maintains employee information confirming key health, welfare and training issues. Within this area, the following probes were found to be those most frequently out (regulations also provided for reference):

Table 1: Probes related to employee information that were associated with the greatest number of negative findings.

Probe	Number of Providers Out
III.A.1.23 - For providers that develop training outcomes and objectives for an individual, do the provider's files contain documentation of <u>training on completing</u>	21

task analysis? 460 IAC 6-14-4(b)(2)	
III.A.1.24 - For providers that develop training outcomes and objectives for an individual, do the provider's files contain documentation of <u>training on appropriate locations for instruction</u> ? 460 IAC 6-14-4(b)(3)	20
III.A.1.22 - For providers that develop training outcomes and objectives for an individual, do the provider's files contain documentation of <u>training on selecting specific objectives</u> ? 460 IAC 6-14-4(b)(1)	18
III.A.1.25 - For providers that develop training outcomes and objectives for an individual, do the provider's files contain documentation of <u>training on appropriate documentation of an individual's progress on outcomes and objectives</u> ? 460 IAC 6-14-4(b)(4)	18
III.B.1.11 - Do the provider's direct care employee or agent files contain documentation of <u>training on managing swallowing difficulties</u> ? 460 IAC 6-14-4(C)(6)(E)	16

A high number of providers were also found to be out of compliance in regard to their **policies and procedures** (The provider has policies and procedures to ensure the rights of individuals, to direct appropriate services, and to support and manage employees). While the overall quality and content of these were generally good, the following are noted as areas more frequently in need of improvement ([click for example of acceptable documentation](#)).

Table 2: Probes related to policies and procedures that were associated with the greatest number of negative findings.

Probe	Number of Providers Out
II.A.4.1 - Does the provider have a <u>written procedure for informing the individual</u> on a regular basis as specified by the individual's ISP of the <u>individual's medical condition</u> ? 460 IAC 6-9-4(b)(1)	17
II.A.4.2 - Does the provider have a <u>written procedure for informing the individual</u> on a regular basis as specified by the individual's ISP of the <u>individual's developmental status</u> ? 460 IAC 6-9-4(b)(2)	17
II.A.4.3 - Does the provider have a <u>written procedure for informing the individual</u> on a regular basis as specified by the individual's ISP of the <u>individual's behavioral status</u> ? 460 IAC 6-9-4(b)(2)	16
II.A.4.4 - Does the provider have a <u>written procedure for informing the individual</u> on a regular basis as specified by the individual's ISP of the <u>individual's right to refuse treatment</u> ? 460 IAC 6-9-4(b)(2)	16
II.A.8.11 - Does the provider's written training procedure include a <u>system for ensuring that a trainer has sufficient education, expertise, and knowledge of the subject</u> to achieve the listed outcomes under the system? 460 IAC 6-16-3(b)(3)	15

Most providers reviewed had good systems set up in the area of **quality assurance and quality improvement** (focus area IV of the CERT). However, some providers had some limitations in the areas of developing and reviewing recommendations to positively impact future practice within the organization. The five (5) areas noted as those not met by the most providers are noted within Table 3 ([click for an example of acceptable documentation](#)).

Table 3: Probes related to quality assurance/improvement that were associated with the greatest number of negative findings.

Probe	Number of Providers Out
IV.A.1.10 - For providers who <u>administer medication</u> to individuals, does the provider have a <u>process for reviewing the recommendations to assess their effectiveness?</u> 460 IAC 6-10-10(b)(6)(C)	9
IV.A.1.15 - For providers providing <u>residential habilitation and support services</u> , does the provider have a system <u>for developing recommendations concerning the instructional techniques</u> used for an individual? 460 IAC 6-10-10(b)(8)(B)	8
IV.A.1.6 - Does the provider have a process for <u>developing recommendations to reduce the risk of future incidents?</u> 460 IAC 6-10-10(b)(5)(B)	7
IV.A.1.9 - For providers who <u>administer medication</u> to individuals, does the provider have a <u>process for developing recommendations to reduce the risk of future medication errors?</u> 460 IAC 6-10-10(b)(6)(B)	7
IV.A.1.14 - For providers providing <u>residential habilitation and support services</u> , does the provider have a <u>system for analyzing the appropriateness and effectiveness of the instructional techniques</u> used with an individual? 460 IAC 6-10-10(b)(8)(A)	7

Focus Area Section I of the CERT pertains to **provider qualifications** (i.e., the provider meets qualifications for waiver services being delivered). Please note that providers of residential and community based habilitation services must also meet the requirements outlined for transportation (e.g., appropriate driver's license, evidence that vehicles are maintained in good repair, are properly registered, insured as required under Indiana law). In the event that these requirements are not met the requirements for community based habilitation services are also not met which will result in negative findings. Three probes have not been met by more than two providers. These are noted within Table 4 ([click for Transportation Qualifications/Requirements](#)).

Table 4: Probes related to provider qualifications that were associated with the greatest number of negative findings.

Probe	Number of Providers Out
I.A.2.1 - Does the provider meet the requirements for <u>transportation</u> per 460 IAC 6-5-30 and 460 IAC 6-34?	5
I.A.23.1 - Does the provider meet the requirements for <u>residential habilitation and support</u> per 460 IAC 6-5-24? (& waiver application requirement pg. 70)	5
I.A.7.1 - Does the provider meet <u>community based habilitation -group</u> requirements? (waiver application requirement - pg. 100)	3
I.A.8.1 - Does the provider meet <u>community based habilitation - individual</u> requirements? (waiver application requirement - pg. 104)	3

Facilitating the Survey Process

During the review process to date, providers and surveyors have identified a number of strategies that have been associated with a smoother and more successful survey. In addition to reviewing the sections noted above, it is suggested that providers adopt the following strategies to facilitate the process during their CERT review:

1. Assure organization of provider files. This includes the following examples:
 - a. Computerized policies and procedures that allow for electronic searches of key words (e.g., MS Word). Please note that electronic copies that have been scanned into a computer actually contribute to a longer review with greater chances of missed documents (i.e., electronic searches cannot be conducted with these type of documents).
 - b. Condensed training records within employee files. We have seen some examples where providers have an orientation checklist containing all training areas. When compared with files that contain single sheets for each training topic, a checklist takes up less file space and is easier for a surveyor to verify that a particular area of training is completed. It is important to note that an orientation checklist such as this would have to contain all necessary components noted within the regulations (e.g., training topic, qualifications of the trainer, signature of the trainer, signature of the trainee, etc.).
 - c. Tabs within files also facilitate the location of particular documents or areas for review.
2. Pull together the required documentation and flag the relevant policies, procedures in advance of the review. This will help the reviewer locate the necessary documents (reducing the risk that they may miss a particular item) and will reduce the time required for the surveyor to be onsite.
 - a. Providers who have prepared for the survey by organizing and flagging information to quickly answer the probes within the CERT have had more efficient reviews.
 - b. To facilitate collection of the necessary documents, surveyors send out a list of required items within the survey announcement letter ([click for letter content](#)).
3. It has been extremely helpful to have staff familiar with policies, procedures, and employee files available to assist the surveyor during the review. This both increases the efficiency of the survey and increases the probability that a surveyor will be able to locate the necessary documentation. We may also be able to verify proper documentation through examination of electronic files. Again, provisions of searchable files facilitate this portion of the review.
4. As a reminder, if a provider is found to not have an item from Section III (employee files) met, we will be required to select and verify completeness of additional files not identified during the original selection. This will take place during the follow up verification of a provider's corrective action plan.
5. When developing a corrective action plan (CAP), please assure that all components are included ([Click for CAP components](#)).
6. Communicate with your surveyor. Surveyors are a valuable resource when a question about the survey process or regulations arises. Providers are encouraged to maintain an open dialogue with surveyors as they work with you to remediate any areas requiring further work.

Provider Testimonials

This was a positive experience with good discussion around issues which were identified. Utilization of the specific code language was helpful in clarifying, as much as possible, the survey expectations. The

surveyor did question specifics which allowed us to clarify how those specific issues are identified in our policy.

(From a provider on duration) I would estimate about 16 hours of my time from start to finish not including the day of the survey or staff training time following the survey. I am confident the time component will vary depending on the provider's level of compliance with 460 IAC and the number of standards found not in compliance.

I believe the findings were valid based on 460 IAC. The changes we were required to make were primarily to policy and procedures. These are generally quick fixes. The training that is required will take longer to complete but the surveyor seemed pleased with the approach we have planned.

The day was exhausting but very well organized which allowed all activities listed above to be accomplished. The reviewer was supportive and understanding as we retrieved a variety of documents (paper copies as well as electronic copies) for her review.

Non-threatening, professional, well organized, clear communication and outstanding ability to clarify the materials needed to be surveyed.

This is my favorite part of how Liberty of Indiana has developed their survey process. The closing meeting is extremely helpful as it offsets any anxiety I may have in anticipation of the eventual findings and potential for a CAP. Yes, the results were supported. Throughout the day, the reviewer accepted dialogue so we had no surprises at the closing meeting at the end of the day.

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Examples of Acceptable Documentation

II.A.4.1 – II.A.4.4

The following is an excerpt from a provider's Individualized Support Plan (ISP) Procedures that contain the required information (making this an acceptable written procedure for probes II.A.4.1 through II.A.4.4):

Each month program staff from each service area (excluding OBRA) and the case coordinator are responsible to monitor the individual's progress of ISP outcomes, continued appropriateness and effectiveness of instructional techniques, overall satisfaction with services, behavioral progress/concerns, health or medical concerns, major life changes and incident reporting (if any) for each person served, and document in a monthly summary report. (OBRA Trainers must complete a semi-annual report)

- (one point) On a quarterly basis, the case coordinator will meet individually with each person served to discuss the progress of outcomes, **current medical condition(s), developmental and behavioral status** then make recommendations, accordingly. The case coordinator will also*

review and ensure the person served understands their individual right to refuse services/treatment. This will be documented by the case coordinator on the appropriate form, signed and dated by the individual and the original maintained in the master file.

IV.A.1.6; IV.A.1.9 – IV.A.1.10; IV.A.1.14 – IV.A.1.15

The following is an excerpt from a provider's Quality Enhancement Program (QEP) that contains the required information (making this an acceptable written procedure for probes IV.A.1.14 – IV.A.1.15.

Additional data will be analyzed and recommendations developed for quality enhancement purposes to include.

- *The State Management Team will discuss the following at each monthly meeting: Incident reports, Medication Error reports, Medical Issues that require follow up, and State Reportable Incidents*
- *Each month a safety inspection of each program site will be completed by the Safety Committee for that site. Results of the safety inspection and any recommendations will be presented at the monthly State Management Meeting.*
- *All recommendations from the Human Rights Committee will be reviewed at the monthly State Management Meeting and a plan will be developed to address these recommendations. The plan shall be submitted to the Human Rights Committee for review at their next meeting.*
- *The Manager shall be responsible for ensuring that any concerns regarding services provided by other agencies are addressed in a timely manner and reviewed at the monthly State Management Meeting. This would include concerns that other agencies may have with this provider.*
- *Where applicable, the minutes from the Quality Enhancement Council will be reviewed at the State Management Meeting. All recommendations will be addressed at this time (e.g., reviewing the recommendations to assess their effectiveness) and the response will be presented at the next Quarterly Enhancement Council meeting.*
- *Where applicable, the Safety/Quality Committee will also analyze, develop recommendations, and review those recommendations for the appropriateness and effectiveness of the instructional techniques used with the individuals supported. This information will be summarized by the Area Director or Designee from the monthly summaries completed for each individual supported.*

I.A.2.1 – Transportation

The following is an excerpt from the CERT Guide that pertains to the transportation requirements.

The provider will produce:

- *documentation confirming that the provider is one of the following:*
 - *a community mental retardation and other developmental disabilities center; or*
 - *a community mental health center; or*
 - *a child care center licensed pursuant to IC 12-17.2-2-4; or*
 - *otherwise approved to provide a service or services under 460 IAC 6.*
- *certification that any provider employee transporting individuals has the appropriate driver's license (operator's license; chauffeur's license; public passenger chauffeur's license; or commercial driver's license) to drive the type of motor vehicle for which the license was issued.*
- *evidence that all vehicles used by the provider to transport individuals are:*
 - *maintained in good repair;*

- *properly registered with the Indiana Bureau of Motor Vehicles; and*
 - *insured as required under Indiana law.*
- *documentation of liability insurance for all vehicles owned or leased by the provider to transport individuals covering:*
 - *Personal injury;*
 - *Loss of life; and*
 - *Property damage.*

If the transportation requirements are not met and provider is providing one or more of the following service:

I.A.2.1 – Adult Day Service

I.A.7.1 – Community Based Habilitation – group

I.A.8.1 – Community Based Habilitation – individual

I.A.12.1 – Facility Based Habilitation – individual

I.A.13.1 – Facility Based Habilitation – group

I.A.14.1 – Facility Based Support Services

I.A.23.1 – Residential Habilitation and Support

I.A.27.1 – Supported Employment

I.A.29.1 – Workplace Assistance

The corresponding probe and indicator for these services will not be met. The surveyor can document the finding in the appropriate section as “SEE FINDING FOR I.A.2.1.”